

Purpose The SDQ was designed as a tool for the identification of those at high risk for possessing a sleep disorder. The 175-item scale was created by selecting the best and most salient questions from the Sleep Questionnaire and Assessment of Wakefulness (SQAW), a general measure consisting of more than 800 items [1]. The scale was initially intended for use by general practitioners and other health professionals outside the field of sleep medicine, though the questionnaire may function as a diagnostic aid for sleep specialists as well. Developers have also created a smaller, 45-item version of the scale to assess four common sleep disorders: sleep apnea, narcolepsy, psychiatric sleep disorders, and periodic limb movement disorder.

Population for Testing The scale's items were selected using a group of participants attending a sleep disorder clinic. In later psychometric evaluations, researchers selected participants with mean ages of 24.8 ± 8.3 years [2] and 43.6 ± 12.9 years [3].

Administration The scale is a self-report, paper-and-pencil measure requiring approximately 15 min for completion.

Reliability and Validity Developers Douglass and colleagues [2] conducted a psychometric evaluation of the scale and found an average

test-retest reliability of .5. In a subsequent study by Douglass and colleagues [3], scale developers examined only 45 of the instrument's initial 175 items, dividing them through into four different scales representing common sleep disorders: sleep apnea, narcolepsy, psychiatric sleep disorder, and periodic limb movement disorder. For these subscales, researchers found an internal consistency of .85 and a test-retest reliability ranging from .75 to .85.

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Scoring Respondents use a scale ranging from 1 to 5 to answer questions regarding the frequency of sleep issues (never to always), the degree to which they agree with certain statements (strongly disagree to strongly agree), and the quantity of things like hours of sleep and caffeinated drinks. Higher scores indicate more severe symptoms. Total scores can be calculated for the entire scale, as well as for relevant subscales.

References

1. Douglass, A. B., Bornstein, R., Nino-Murcia, G., & Keenan, S. (1986). Creation of the "ASDC sleep disorders questionnaire." *Sleep Research, 15*, 117.
2. Douglass, A. B., Bornstein, R., Nin-Murcia, G., Keenan, S., Laughton, M., Zarcone, V., Guilleminault, C., Dement, W. C., & Abelseth, D. (1990). Test-retest reliability of the sleep disorders questionnaire. *Sleep Research, 19*, 215.
3. Douglass, A. B., Bornstein, R., Nino-Murcia, G., Keenan, S., Miles, L., Zarcone, V. P., Guilleminault, C., & Dement, W. C. (1994). The sleep disorders questionnaire I: creation and multivariate structure of SDQ. *Sleep, 17*(2), 160–167.

Representative Studies Using Scale

- Valipour, A., Lothaller, H., Rauscher, H., Zwick, H., Burghuber, O. C., & Lavie, P. (2007). Gender-related differences in symptoms of patients with suspected breathing disorders in sleep: a clinical population study using the sleep disorders questionnaire. *Sleep, 30*(3), 312–319.
- Léger, D., Annesi-Maesano, I., Carat, F., Rugina, M., Chantal, I., Pribil, C., Hasnaoui, A. E., & Bousquet, J. (2006). Allergic rhinitis and its consequences on quality of sleep. *Archives of Internal Medicine, 166*(16), 1744–1748.